Vendor Remit to: **DUPONT QUALICON**

PO BOX 80400

WILMINGTON DE 19880-0400

Name and

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DUPONT QUALICON

Address of Vendor: Cntct: CUSTOMER SERVICE

PO BOX 80400

WILMINGTON DE 19880-0400

000000000000000000000009915 Requisition Nbr.:

ASA6-6-9 REAGENT TEST KITS 08/22/2005 **Expiration Date:**

08/21/2006

9/6/05

1 of 1

Agency Number: Facility: Vendor Federal ID:

Effective Date:

510014090 Vendor Telephone Nbr: 800/863-6842-

Name Of Contact Pers: CUSTOMER SERVICE

FAX Number: 302/695-5301-

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

The Vendor agrees to charge these prices for any products ordered on any QPA release received after the expiration of the QPA but issued prior to the expiration date. The quantity listed herein is an estimate of the requirements. The state may order substantially more or substantially less pursuant to the terms of this agreement. Orders are to be delivered only upon receipt of properly approved Quantity Purchase Award Release.

Line Number Quantity

UNIT

Article and Description

Unit Price

This is an award of a Quantity Purchase Agreement for BAX System Reagent Test Kits.

QPA can be mutually renewed yearly for three additional years.

The vendor agrees to charge these prices for any products ordered on any QPA release received after the expiration date, but issued prior to the expiration date, and postmarked no later than 14 business days after the QPA's expiration date.

Quantities are estimates and could be more or less.

Vendor must be able to allow Mutiple Delivery on one QPA Release.

The awarded vendor must maintain, at a minimum, the following information and be capable of supplying a report within one week of a request by the State:

1. Quantity and Type of Products, including any options, purchased by any State Agency and/or Political Subdivision, separated by each.

2. Total Dollar value of purchases made, separated by State Agency and/or Political Subdivision.

Shipping charges allowed at \$38 for one case or \$43.50 total when ordering 2 to 8 cases.

		ordering 2 to 8 cases.	
22.00 CS	00000000100014297	Kits,Test,Salmonella,Tablet Form,96/Case,#17710608	916 0000
1.00 CS	000000000100014298	Kits, Test, E.coli 0157:H7, Tablet	816.0000
	Form,96/Case,#177106	nis, rest,∈.coii 0157:H7,Tablet 11	816.0000
8.00 CS	00000000100014299	Kits,Test,Listeria Monocytogenes,96/Case,#17710609	
1.00 CS			816.0000
The	4300	Kits, Test, Listeria (genus), 96/Case, #17710610	816.0000

The following UN/CEFACT Unit of Measure Common Codes are used in this document: CS

Case

Signature of Purchasing Office		
Simulating Officer	Typed Name	Signature Of Approval
KALMINIAN 8	Date Signed Date Signed Division Division	Office Of the State Attorney General Dellana & Barrier Typed Name Stephan Carter Date Signed Date Signed

Indianapolis, Indiana 46204 Telephone: (317) 232-3053